



Behavioral Health Services

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January, 2010

Behavioral health services overview



Clarifications have been made throughout the chapter to enhance understanding of the material included in the chapter.

About this chapter

This chapter of the *Blue Care Network Provider Manual* provides information that is unique to behavioral health services for both Blue Care Network and BCN Advantage members and that may be different from information presented in the other chapters.

The requirements and processes associated with BCN behavioral health services are integrated within BCN as a whole and are, in general, described in the other chapters of this manual. These include but are not limited to affiliation, submitting claims and appealing care management and claims decisions. For a complete view of BCN processes and requirements, behavioral health providers should review all chapters of the *Blue Care Network Provider Manual*.

Note: This chapter does not include information about BlueCaid behavioral health services. Information about BlueCaid behavioral health services is located in the *BlueCaid* chapter of this manual.

Behavioral health benefits

For BCN members, behavioral health benefits consist of the following two categories of benefits:

- Mental health services (ICD-9-CM diagnosis ranges 290-290.99, 293-302.99 and 306-319.99)
- Chemical dependency (substance abuse) services (ICD-9-CM diagnosis ranges 291-292.99 and 303-305.99)

Check member eligibility and benefits

Behavioral health providers must check that the patient is a BCN member and therefore eligible for services that may be provided. BCN will not pay for services provided to ineligible members or for services not covered in the member's benefit plan.

Because a member's eligibility and benefits can change over time, it is recommended that behavioral health providers recheck the member's status frequently.

Behavioral health providers can use any of the following options to determine whether a patient is eligible for services and a service is a covered benefit:

- Web-DENIS (Direct Eligibility Network Information System)
- CAREN automated telephone system
- Provider Inquiry

Additional information about checking member eligibility and benefits, including how to sign up as a web-DENIS user, can be found in the *Member Eligibility* chapter of this manual.

Behavioral health services overview

Management of behavioral health benefits

For BCN members, behavioral health benefits are managed by BCN Behavioral Health Services.

BCN Behavioral Health Services assists BCN members in the following ways:

- Provides 24-hour access for telephone triage.
- Refers members for evaluation, and for treatment, as necessary, to appropriate behavioral health providers located in the member's geographic area or as close to it as possible.
- Uses behavioral health providers contracted and credentialed with BCN who practice within the BCN service area.
- Works with a member's primary care physician or with other providers to coordinate needed medical and behavioral health care.
- Accepts requests for coordination of services when contacted by providers.

Behavioral health providers seeking BCN affiliation

Behavioral health providers seeking BCN provider status should refer to the *Affiliation* and *Evaluating the Quality of Care* chapters of this manual for information about the application process. BCN credentials a limited but diverse network of behavioral health providers to ensure that BCN members have access to the range of behavioral health services required to address their needs in the geographic areas in which they are located.

Accessing behavioral health services

Contact information for behavioral health services

The telephone numbers for accessing assistance with behavioral health services are as follows:

Provider Inquiry (for authorization requests, claims questions, or assistance with other questions):

- 1-800-688-3290, during business hours (8 a.m. to 5 p.m., Monday through Friday)
- 1-800-482-5982, after business hours (for emergent situations)

Note: Providers should also refer to the section on provider appeals that appears later in this chapter, for the telephone numbers to use to discuss a behavioral health determination for a member or to obtain a copy of the clinical criteria used in making denial decisions.

Members:

- HMO: 1-800-482-5982 (TTY users: 1-800-649-3777)
Business hours: 8 a.m. to 5:30 p.m., Monday through Friday
- BCN Advantage: 1-800-431-1059 (TTY users: 1-800-649-3777)
Business hours: 8 a.m. to 8 p.m., seven days a week
- BlueCaid: 1-800-228-8554 (TTY users: 1-800-649-3777)
Business hours: 8 a.m. to 5:30 p.m., Monday through Friday

Note: When it is necessary to access behavioral health screening and triage services after business hours, members may use the telephone numbers provided here to reach on-call assistance.

Address:

Blue Care Network
Behavioral Health Services Department
2311 Green Road
Ann Arbor, MI 48105-2966

Contact information on member ID card

For both BCN and BCN Advantage members, the behavioral health services telephone number provided here is displayed on the back of the member ID card.

Assistance for providers in arranging for behavioral health services

Primary care physicians are encouraged to call BCN Behavioral Health Services at 1-800-688-3290 for assistance in arranging behavioral health services for a BCN member.

Primary care physicians are **not** responsible for arranging, referring or authorizing behavioral health services for their BCN members. Primary care physicians may, however, directly refer a member to a BCN-affiliated behavioral health provider. It is not necessary for the primary care physician to provide a written referral to the behavioral health provider.

Accessing behavioral health services

Member access to behavioral health services	BCN members can access behavioral health services directly by contacting an affiliated behavioral health provider or by calling the telephone number located on the back of their BCN identification card.
BlueCard program	Through the BlueCard program, BCN members can access urgent care while traveling outside of Michigan. For additional information, providers should refer to the <i>Member Benefits</i> chapter of this manual.
Away from Home Care program	Through the BCN Away from Home Care (guest member) program, BCN Behavioral Health Services manages the behavioral health care of Blue Cross Blue Shield HMO plan members from another state who are temporarily residing in Michigan. For additional information, providers should refer to the <i>Member Benefits</i> chapter of this manual.

Telephone access standards for behavioral health screening and triage services

Member access to BCN screening and triage lines

BCN members trying to reach BCN Behavioral Health Services must be able to reach a nonrecorded voice within 30 seconds.

In addition, the telephone abandonment rate must not exceed five percent at any given time. The telephone abandonment rate is defined as the number of callers who hang up divided by the total number of calls received.

Monitoring telephone access

BCN Behavioral Health Services monitors compliance with telephone access standards related to behavioral health screening and triage services on a daily basis.

Expectations for behavioral health providers

**Provider
offices: general
expectations**

BCN behavioral health providers are expected to comply with the responsibilities described for other BCN providers, as applicable, in the *BCN System of Managed Care* chapter of this manual. These responsibilities include ensuring continuous coverage 24 hours per day, seven days per week, based upon the urgency of the care needed. If a behavioral health provider is not available for any reason, the covering provider must also be one who is credentialed as a BCN behavioral health provider.

Access standards for behavioral health providers

Quality indicators BCN has established guidelines for member access to care that serve as quality indicators. Practitioner compliance with these measures helps ensure quality service. The guidelines include:

- Telephone accessibility
- Timely appointments

Additional information on access standards is located in the *Access to Care* chapter of this manual.

Appointment access Behavioral health practitioners must provide appointments to members according to the following guidelines:

Appointment type	Definition	Standard
Routine care	Cases in which no acute danger is detected and the member's condition is not likely to worsen significantly	10 working days
Urgent care	Conditions that are not life threatening, but for which face-to-face evaluation is necessary within a short period of time (for example, severe depression)	Within 48 hours
Emergency care: conditions that are not life threatening	Conditions that require rapid intervention to prevent deterioration of the member's state of mind that, left untreated, could jeopardize the member's safety	Within 6 hours
Emergency care: life-threatening conditions	Life-threatening conditions that require immediate intervention to prevent death or serious harm to the member or others	Immediate treatment

Monitoring appointment access BCN conducts appointment access reviews annually, to monitor compliance with appointment access.

BCN contacts or visits practitioner offices to review the appointment system and record the next available appointment for each of the designated appointment types. The expected performance level for each appointment type is 100 percent within the specified time frame.

BCN gives practitioners a copy of their individual access performance results, which may include recommendations for actions for improvement. Practitioner-specific access monitoring results are considered at recredentialing.

Authorization for behavioral health services

Authorization required for all services covered under behavioral health benefit All services covered under a member's behavioral health benefit **must** be authorized by BCN Behavioral Health Services. These services include the following:

- Inpatient/residential admission
- Day/night treatment
- Outpatient services

Clinical criteria used in authorization decisions BCN Behavioral Health Services has developed utilization management criteria used as the basis for making utilization management decisions. National experts, clinical advisory committees and providers have contributed to the development of these criteria. At least annually, clinical criteria are assessed and revised.

Scientific resources for internal criteria include:

- *Diagnostic and Statistical Manual IV*
- Peer-reviewed scientific literature
- Criteria sets from other utilization management organizations
- Available nationally-recognized clinical guidelines

Providers may obtain a copy of the criteria utilized to render all decisions by calling BCN Behavioral Health Services at 1-800-688-3290.

Appropriate professionals A psychiatrist, a doctoral-level clinical psychologist or a certified addiction medicine specialist reviews all denials for mental health or chemical dependency that are based on medical necessity.

Discussing a determination Providers have the right to discuss a decision related to medical necessity with the BCN medical director for behavioral health services.

To discuss a behavioral health determination for a member, providers can call the following numbers:

- During business hours (8 a.m. to 5 p.m., Monday through Friday), providers should call 734-332-2567.
- After business hours (for emergent cases only), providers should call 1-800-482-5982.

Clinical practice guidelines Behavioral health providers affiliated with BCN are encouraged to review the clinical practice guidelines related to behavioral health. These guidelines are located in the *Clinical Practice and Preventive Care Guidelines* chapter of this manual.

Authorization for behavioral health services

Obtaining authorization

To obtain authorization for services, the behavioral health provider must complete the following steps:

1. Identify the BCN or BCN Advantage member who requires behavioral health services.
2. Follow the guidelines in the Authorization Type / Action table found in this section. Depending on the type of authorization being requested, either submit the authorization request via BCN's e-referral system or call or fax the authorization request in to BCN Behavioral Health Services.

BCN Behavioral Health Services will respond to all authorization requests via the e-referral system, including those submitted by telephone or fax.

A BCN behavioral health case manager can be reached 24 hours per day, seven days per week, for authorizations for inpatient admissions and member emergencies.

Providers will incur complete financial responsibility for all services rendered without prior authorization from the BCN behavioral health case manager.

Guidelines for obtaining authorization

Providers should use the following guidelines when obtaining authorization for behavioral health services:

Note: For all levels and types of care, a written referral from the primary care physician is not required, but coordination of services with the primary care physician is encouraged.

Authorization type	Action / additional information about obtaining authorization
Initial outpatient treatment (in outpatient clinic or individual provider office settings)	Submit the authorization request using one of the following methods: <ul style="list-style-type: none"> • Submit the request using BCN's e-referral system. Access the system at ereferrals.bcbsm.com. • Complete the <i>BCN Behavioral Health Initial Outpatient Authorization Request Form</i> and fax it to BCN Behavioral Health Services at 734-332-2519, or call Behavioral Health Services at 1-800-688-3290. Providers can access the form at web-DENIS > BCN Provider Publications and Resources > Behavioral Health.
Medical management visits	Complete the <i>BCN Behavioral Health Medication Management Registration Form</i> and fax it to BCN Behavioral Health Services at 734-332-2519. This form is to be used when the member is receiving medical management services only. Providers can access the form at web-DENIS > BCN Provider Publications and Resources > Behavioral Health.
Extension of outpatient treatment	Complete the <i>BCN Behavioral Health Outpatient Treatment Authorization</i> and fax it to BCN Behavioral Health Services at 734-332-2519. Providers can access the form at web-DENIS > BCN Publications and Resources > Behavioral Health.

Authorization for behavioral health services

Guidelines for obtaining authorization (*continued*)

Authorization type	Action / additional information about obtaining authorization
Initial inpatient/residential, partial hospital or intensive outpatient treatment	<p>Call BCN Behavioral Health Services at 1-800-688-3290.</p> <p>Medical-surgical and behavioral health facilities that wish to arrange for an inpatient, partial hospital or intensive outpatient admission for psychiatric or chemical dependency treatment must obtain authorization prior to the admission.</p> <p>A BCN behavioral health case manager will determine medical necessity and, if the member meets criteria, will arrange for admission to a BCN network facility. If the member's condition does not meet medical necessity criteria for the level of care requested, the behavioral health case manager will explore other resources for treating the member's condition and will facilitate any referrals. As necessary, the behavioral health case manager will review the case with the BCN medical director for behavioral health services.</p>
Extension of inpatient/residential, partial hospital or intensive outpatient treatment	<p>Complete the <i>BCN Behavioral Health Inpatient Concurrent Review Form</i> and fax it to BCN Behavioral Health Services at 734-332-2519.</p> <p>Providers can access the form at web-DENIS > BCN Publications and Resources > Behavioral Health.</p>
Subacute detoxification (managed under the mental health-chemical dependency benefit)	<p>Call BCN Behavioral Health Services at 1-800-688-3290.</p> <p>Prior authorization from BCN Behavioral Health Services must be obtained for subacute detoxification. Subacute detoxification is managed by BCN Behavioral Health Services. Subacute detoxification is a service performed in a licensed freestanding or hospital-based residential treatment facility. The patient's medical problems, if any, are stable and do not require medical monitoring, or may require medical monitoring that can be provided within the program.</p>
Post-emergency services covered under behavioral health benefit	<p>Call BCN Behavioral Health Services at 1-800-688-3290.</p> <p>An inpatient admission for mental health or chemical dependency treatment that results from an emergency screening or assessment must be authorized within 24 hours, unless exceptional circumstances exist, as determined by BCN Behavioral Health Services. BCN Behavioral Health Services accepts authorization requests for inpatient admissions 24 hours per day, seven days per week. All other behavioral health services obtained as the result of an emergency screening or assessment must be authorized prior to the beginning of treatment.</p>
Psychological exam for bariatric surgery	<p>Call BCN Care Management at 1-800-392-2512.</p> <p>Prior authorization is required for a psychological assessment prior to bariatric surgery. The service must be billed with an ICD-9-CM diagnosis code of 278.01 (morbid obesity).</p>
Psychological assessment for other than bariatric surgery	<p>Call BCN Behavioral Health Services at 1-800-688-3290.</p> <p>Providers do not need to complete a form.</p>

Authorization for behavioral health services

Guidelines for obtaining authorization *(continued)*

Authorization type	Action / additional information about obtaining authorization
Neuropsychological assessment	<p>No authorization or referral is required, for providers contracted with BCN. This applies to CPT* codes 96116, 96118, 96119 and 96120, as well as to codes 96101 and 96102 when used for neuropsychological assessment.</p> <p>Note: This applies to neuropsychological assessments provided for all medical and behavioral health diagnosis code ranges.</p> <p>*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2009 American Medical Association. All rights reserved.</p>

Guidelines for ambulatory follow up after inpatient discharge

BCN believes that adequate management of a member's care immediately after discharge from an acute inpatient hospital stay for a major affective disorder is an effective intervention in preventing the member's early rehospitalization. In addition, member noncompliance with recommendations for ongoing follow up is a major predictor of rehospitalization.

In order to improve the likelihood that a member will initiate and continue outpatient care after a psychiatric admission, BCN Behavioral Health Services recommends that the member be seen for his or her initial outpatient visit within the first seven days after discharge. When clinically appropriate, more rapid outpatient follow up, even on the day of discharge, is recommended.

Note: The outpatient visit must be authorized by BCN Behavioral Health Services.

BCN Behavioral Health Services encourages the outpatient staff affiliated with the inpatient facility to meet with the member for an extended period of time to do the following:

- Reinforce gains made by the member while hospitalized.
- Reinforce the importance of continuing treatment following hospitalization.
- Address any barriers to attending outpatient care (for example, dependent care, transportation).
- Identify the member's community supports.
- Review the member's safety plan.

Behavioral health services under medical benefit

Acute detoxification

Acute detoxification is a service performed in an acute-care medical or surgical facility that additionally provides specialty consultation and intensive care services.

One or more of the following characterizes the patient's status:

- Severe medical complications of addiction requiring medical management and skilled nursing
- Significant concurrent medical illness or pregnancy
- Medical problems that require inpatient diagnosis and treatment
- Other medical problems that require 24-hour observation and evaluation

Requests for acute detoxification services require authorization through BCN's Care Management department. If criteria are met, services are covered under the member's medical benefit. Providers should contact BCN Care Management at 1-800-392-2512 to arrange for acute detoxification services.

Following successful detoxification, the member should be referred to the BCN Behavioral Health Services for discharge planning and continued treatment.

Emergency room services covered under medical benefit

All emergency services related to a mental health or chemical dependency condition provided by the emergency department of an acute-care hospital are covered under the member's medical benefit, not under the mental health or chemical dependency benefit.

If a member considers his or her condition to be serious enough that a delay in receiving treatment might cause serious impairment of a bodily function, permanent disability or death, the member should call 911 or seek help from the nearest medical facility as soon as possible.

Medical consultations for mental health or chemical dependency inpatients

When medical consultations are needed for BCN members admitted as inpatients to a psychiatric or chemical dependency treatment unit, a representative from the behavioral health facility or another individual, as appropriate, contacts the primary care physician to arrange for a medical consultation and discuss the member's care.

The primary care physician is not required to submit a referral to BCN for the requested services.

Psychiatric consultations for medical inpatients

Psychiatric consultations that occur when a BCN member is hospitalized on a medical-surgical inpatient unit are covered under the member's medical benefit.

Coordination of care

Coordination of care is a high priority

The coordination of care between behavioral health providers and primary care physicians is a high priority. Processes are in place to closely track communication between a member's behavioral health provider and primary care physician.

When BCN members call for a referral to a behavioral health provider, the BCN Behavioral Health Services case manager advises them of the importance of the coordination of care between medical and behavioral health providers and, if the treatment in question is for substance abuse, encourages them to sign a release to allow communication.

Note: A written consent is not required for behavioral health providers to disclose pertinent mental health treatment information to medical care providers in the interest of coordinating care. The member's written consent is required, however, for the disclosure of substance abuse treatment information.

All behavioral health providers must discuss the importance of coordination of care with all the BCN members they treat. If a member is admitted to an inpatient facility for mental health treatment, the primary care physician must be informed of the admission and must assist in the coordination of all medical consultations. If a member is admitted to an inpatient facility for substance abuse treatment, he or she should be encouraged to sign a written consent form to allow communication between the behavioral health provider and primary care physician. If the member signs the consent, the primary care physician must be informed of the admission and must assist in the coordination of all medical consultations.

Coordination of care

Expectations of providers

Behavioral health providers are expected to communicate the following information to the member's primary care physician, to promote the appropriate coordination of care between the member's behavioral health providers and other providers involved in the member's care:

- The fact that the member is receiving behavioral health treatment
- The date of the clinical evaluation
- The member's psychiatric diagnosis
- The names of all psychotropic medications prescribed by the behavioral health provider
- The types of specialized mental health or chemical dependency treatment the member is involved in
- The dates of any mental health or chemical dependency hospitalizations
- The member's medical conditions that require attention and their relationship to the member's psychiatric or chemical dependency condition
- The name, location and telephone number of the behavioral health provider
- An invitation to the primary care physician to contact the behavioral health provider as needed

Note: Before any information related to a member's substance abuse treatment may be communicated to the primary care physician, a written consent must be obtained from the member. Behavioral health providers are responsible for obtaining the member's consent to the release of substance abuse treatment information and any other member consents that they deem appropriate or necessary.

Coordination of care

Standards for coordination of care

The following standards are related to the continuity and coordination of care for BCN members involved in behavioral health treatment:

Outpatient behavioral health providers will do the following:

- Notify the member's primary care physician within 30 days of prescribing psychotropic medication.
- Consult with the clinicians who treated the member in the preceding inpatient level of care, when applicable.
- Refer member to follow-up psychosocial support services, when appropriate.

Inpatient behavioral health providers will do the following:

- Notify the member's primary care physician regarding hospitalization within 30 days of discharge.
- Consult with the clinicians who treated the member in the preceding level of care, when applicable, within 24 hours of admission.
- Arrange follow-up prior to, and within seven days of, discharge.
- Communicate with the member about follow-up appointments, prior to discharge.
- Communicate discharge summaries to follow-up clinicians.

All behavioral health providers will notify the member's primary care physician about the physical conditions the member has that require attention.

Monitoring compliance with coordination of care standards

BCN monitors the compliance of behavioral health providers with the BCN standards for continuity and coordination of care by reviewing the records of behavioral health providers.

Member complaints and grievances

Member complaints

Member complaints or concerns related to behavioral health care or treatment are addressed in the same way member complaints about other types of care are addressed.

A description of the manner in which member complaints are handled is provided in the *Member Rights and Responsibilities* chapter of this manual.

Member grievances

If a member's concern has not been resolved by BCN to his or her satisfaction, the member may (as a next step) file a formal grievance.

Member grievances related to behavioral health care or treatment are addressed in the same manner in which grievances related to other types of care are addressed.

A description of the member grievance process is provided in the *Member Rights and Responsibilities* chapter of this manual.

Provider appeals

Appealing care management decisions

All providers have the right to appeal an adverse decision rendered by the BCN Behavioral Health Services staff.

A description of the process for appealing care management decisions is provided in the *Care Management* chapter of this manual.

Appealing administrative denials

Administrative denials are determinations made by BCN in accordance with administrative policies and procedures and/or contract language. These determinations are not based on medical necessity or appropriateness.

Additional information about administrative denials and the process for requesting a reconsideration is provided in the *Care Management* chapter of this manual.

Claims for behavioral health services

Electronic claims submission Electronic billing is faster, easier and more accurate than filing paper claims. Providers who wish to learn more about filing claims electronically should contact the Blue Cross Blue Shield of Michigan Electronic Data Interchange department at 1-800-542-0945.

For additional information on submitting claims electronically, providers should refer to the *Claims* chapter of this manual.

Paper claims submission Paper claims for mental health and chemical dependency services, including emergency room claims, must be submitted to:

For BCN claims

Blue Care Network
P.O. Box 68710
Grand Rapids, MI 49516-8710

For BCN Advantage claims

BCN Advantage
P.O. Box 68753
Grand Rapids, MI 49516-8753

For BlueCaid claims

BlueCaid
P.O. Box 68753
Grand Rapids, MI 49516-8753

For BCN Away from Home Care claims

Blue Care Network
Attn: Away from Home Care — Mail Code C245
P.O. Box 436
Southfield, MI 48037-0436

Submitting the rendering service provider name and degree

When submitting a claim, providers are required to include the name and degree of the rendering provider in addition to the National Provider Identifier.

Submitting the industry-standard modifier

For all behavioral health professional services billed on a UB-04 or CMS-1500 (08/05) form, providers are also required to submit an industry-standard modifier* on the claim next to the CPT code that describes the type of clinician who provided the service. The modifiers that should be used include HA, AM, TD, AH, AJ and HO.

Providers should consult a CPT resource published by the American Medical Association to determine the appropriate modifier for each clinician type.

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Claims for behavioral health services

Reimbursement guidelines for limited license psychologists and licensed professional counselors

Limited license psychologists and licensed professional counselors are eligible to be reimbursed for services provided to BCN members only when those services are provided in a contracted, facility-based outpatient clinic.

Limited license psychologists and licensed professional counselors will not be reimbursed for services provided in other settings, such as group or individual practice sites. In addition, they will not be reimbursed for services billed under the provider number of a fully licensed psychologist, regardless of whether the psychologist is contracted with BCN.

When claims are submitted, these guidelines should be followed:

- Claims for services rendered by limited license psychologists should be submitted on a CMS-1500 (08/05) claim form using the modifier HO.
 - Reimbursement for services rendered by licensed professional counselors is included in the overall reimbursement made to behavioral health programs. The services of licensed professional counselors are not reimbursed separately. Claims for services rendered by these counselors should not be submitted separately.
-

Secondary diagnosis

Providers are encouraged to submit a secondary diagnosis, as appropriate. When a secondary diagnosis is made, it should be entered in the appropriate space on the claim form.

Claims inquiries

To obtain assistance with behavioral health services claims inquiries, providers can call 1-800-688-3290 and follow the prompts.

Additional information about claims

For additional information about claims, including about appealing claims denials, providers should refer to the *Claims* chapter of this manual.